

Your Health Limited

Langwith Lodge Care Home

Inspection report

The Park
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Mansfield
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NG20 9ES

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Langwith Lodge is a residential care home providing personal and nursing care to 52 people aged 65 and over at the time of the inspection. The service can support up to 54 people.

The care home is a large country house that has been adapted for its current purpose. It accommodates people across three floors. The ground floor accommodates people who are more independent. There is a small suite on the first floor which specialises in providing care to people living with dementia, and six bedrooms for people on a top floor. Some bedrooms are double and accommodate couples. It is set in village location with a large garden, woods and a lake.

People's experience of using this service and what we found

People told us they felt safe with the care and support they received from staff. Staff understood their responsibility to protect people from harm and knew how to identify and report abuse.

Staffing levels were adequate and determined by people's needs. Relatives told us there were always enough staff around. People received their medicines in a safe way, and staff recruitment checks ensured staff were suitable to support people. Staff told us they received appropriate training and support for their roles.

Peoples nutritional and healthcare needs were assessed and well managed. People were protected against the spread of infection by staff that were trained in infection control.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and families told us staff were kind and caring and treated them with respect, and people had the opportunity to be involved in the development of the service. Peoples wishes regarding end of life care required further discussion to ensure staff understood their preferences.

The provider had good systems in place to monitor the quality of the service provided to drive improvement. People had access to the provider's complaints procedure.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (17 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Langwith Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by two inspectors.

Service and service type

Langwith Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers, care workers and housekeeping staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. Relatives told us they had no concerns around the safety of their loved ones.
- Staff could explain safeguarding principles and knew how to identify abuse. Staff knew who to report concerns to within and outside the organisation.
- The registered manager understood their responsibilities to protect people from abuse and knew what to report to CQC and the local safeguarding team.

Assessing risk, safety monitoring and management

- People's risks were assessed using nationally recognised tools. There were plans in place to reduce risks identified.
- The environment was assessed and maintained, at the time of the inspection there were improvements taking place.
- Staff received training in fire safety and people had personal evacuation plans to identify what help they required in the event of an emergency.

Staffing and recruitment

- People and relatives told us there was always enough staff to support people's needs. The registered manager told us they never needed to use agency staff.
- Staff were recruited safely, and pre-employment checks were carried out to ensure staff were suitable to support people.
- The registered manager told us they used a dependency tool to calculate staff numbers. However, staff had requested extra help in the mornings because a number of people who were used to getting up early when they worked, still preferred to get up at 6am. As a result, staff agreed to adjust their hours so there is extra help first thing in the morning, to help people that wanted to get up early.

Using medicines safely

- People were supported with their medicines in a safe and timely way.
- Medicines were stored in a locked cupboard. Staff had received appropriate training and had their competency checked yearly.
- During medicine rounds, staff wore a tabard which said 'Do not disturb' in order to reduce interruptions which could cause errors.

Preventing and controlling infection

- People were protected against infection by staff who had completed training to ensure they knew how to protect people against the spread of infection. We observed staff used personal protective equipment (PPE) appropriately.
- Domestic staff told us they had the time and equipment needed to clean the service. There was a cleaning schedule in place and a cleaning audit to check standards and identify problems.

Learning lessons when things go wrong

- Staff knew how to report incidents and the service analysed incidents and accidents to learn lessons, which were then shared with staff at meetings.
- The registered manager told us how they analysed any falls and identified key areas to monitor. For example, staff regularly reviewed people's footwear, how they walked, and equipment people used to ensure falls were minimised.
- Analysis of incidents had also identified that several people were at risk of falling out of bed due to the type of air flow mattress in use. The air flow had pushed people to the edge of the bed. As a result, the registered manager had replaced all the mattresses to ensure the air flow did not move people in this way. This change was shared within the provider group to influence practice in other homes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to Langwith Lodge to ensure their needs could be met. Care planning was completed on admission with family involvement, to ensure people got the support they wanted. However, some care plans had not been updated regularly and did not reflect the persons most recent care needs. Some lacked information about people's past lives. The registered manager told us this was being addressed by the new deputy manager.
- People were supported to make daily choices about what care and support they received.
- Staff worked well with other health care professionals to deliver care in line with recommended guidance.
- We spoke to a visiting healthcare professional who was very positive about the care at the service and told us the service responded well to people's healthcare needs.

Staff support: induction, training, skills and experience

- Staff received the necessary training from the provider, to support them in their roles. The registered manager told us they often organised extra training for staff when it was required. Staff had recently had dementia, diabetes and continence care updates.
- Staff told us there was lots of training on offer, and the healthcare professional we spoke to told us they thought staff were well trained.
- Staff received regular supervision for their development which they told us they found helpful and yearly appraisals to review their progress.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were supported, and the kitchen kept a record of people's cultural and dietary needs. Some people required special diets and we saw staff supporting people with their meals as required.
- People told us the food was very good and relatives who had eaten at the service we spoke with agreed. The registered manager told us they had accommodated people's varied food requests. They told us about one person who used to poach, and had requested rabbit on the menu, another person had requested tripe, a food they used to enjoy, but not had for years.
- People's weight was regularly monitored, and fluid and food charts were kept if people lost weight and required monitoring.
- People in the dementia suite were offered a choice of meals just before they ate so they could make an immediate choice of what they wanted at the time. However, there was no picture menu in the dementia suite, which the registered manager told us they would put in place, to help people make a choice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked well with other agencies to provide timely care. A relative told us, "They always keep me updated if anything happens. After a minor fall they popped the person straight to the hospital and they were fine."
- There were no grab sheets in people's notes; these are single page information sheets giving emergency and hospital staff a brief understanding of the person's care and support needs. The registered manager told us they would address this immediately and put them in place during the inspection.
- One relative told us their family member had lots of falls before arriving at Langwith Lodge Care Home, "I am amazed [name] has not fallen since they arrived here."
- Another relative told us, "The home is great, they organise all [Name's] healthcare appointment, they take them there, then then inform me what has happened."

Adapting service, design, decoration to meet people's needs

- The service had been adapted to meet people's needs in most areas, with some rooms suitable for couples to live together. People could access a central lift to move around the building, and several people had codes to doors if they wanted to go outside, and people accessed the outdoor space. People had personalised their rooms with art work, photographs and possessions.
- The dementia suite needed updating. Signage around the suite was poor. There was missing information on people's doors to identify people's rooms. The registered manager told us they had plans to improve the dementia suite with redecoration in brighter colours and memory boxes on people's doors., which the dementia champion would lead.
- There was major refurbishment work going on in one part of the home at the time of the inspection. The registered manager told us people had chosen wallpaper and furniture to go into the revamped lounge. There would be a new kitchenette area so people who were more independent could help themselves.
- The registered manager told us about recent changes they had made, to enhance the environment for people. For example, the hairdressing room had moved downstairs from the dementia suite as it had unsettled people living there. In its place a small quiet lounge had been created which we saw people enjoying.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw DoLS applications were submitted appropriately and were up to date and monitored, no one had any conditions on their DoLS at the time of the inspection.
- Staff were following the principle, that all people have capacity to consent to personal and nursing care, unless they had been assessed as lacking capacity to make a specific decision.
- People's records showed they had been asked to consent to photographs and sharing of information.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect. Staff told us they would sit and talk to people when they could. One member of staff told us, "It is not about having time, it is about making time to sit with someone, especially if they are upset. We often stay beyond our shift to make sure people are happy and settled."
- People told us staff were kind, one person said, "It is a home from home living here." A relative told us, "Staff are very caring, they really look after [name] the staff know them and understand what they will or won't do, [name] is happy here."
- During the inspection one person became distressed, we observed a member of staff sitting in their room with them, talking to them about their past, the war and countries they had visited. We asked the registered manager about this and were told it was in the person's support plan for someone to sit with them until they appeared calm.
- The registered manager told us staff had training in equality and diversity to help them identify and prevent discrimination.
- The registered manager told us about the home's participation in the cards of happiness, which involved the home receiving cards from all over the country and world from people to evoke people's memories. One person said, "Oh look at this, I can still remember the fish and trips from that seaside town."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views about the care and support they received each day.
- A member of staff told us about one person with dementia who had recently arrived and had refused personal care. By sitting and spending time with the person, they established that the person had previously fallen in a bathroom which had made them scared of showers and baths. After further discussion they gained the person's confidence in allowing staff to assist them with personal care.
- One relative told us, "People are given choice and freedom, it is about what the person wants, not what tasks the staff have to do."
- For people who were unable to make their own decisions, there were advocacy services available for people to use. Advocacy services speak up for people on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected, and independence was supported. A member of staff told us, "We assist people when they want us to, it's not about being quick, it's about helping people to be as independent as possible and choosing what they want to do."
- One person said, "If I am running low on things, they will come and ask me if I want them to pick anything

up for me or they will take me to the shops."

- Other people told us staff would accompany them to local shops to help them maintain their independence.
- One person told us that the registered manager had arranged for them to go into the local school and tell children about their life as a fire fighter which they had really enjoyed.
- People's records were stored securely, and staff discussed people in a quiet way to maintain confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised to their needs however, some could have been more detailed and lacked information about people's past lives and interests. The registered manager told us the activity coordinator would look into people's past interests and hobbies to link them with the activity program.
- Staff knew people well. Staff could tell us about triggers for people's behaviour or how they knew people were unwell or unhappy by the way they behaved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was accessible information available to people in different formats such as large print, pictures and braille.
- The service used voice activated technology, so people could use it to request music or listen to story books.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activity program for people and most people told us they were happy with this. One person said, "The activity lady is marvellous, she comes up to my room to see me." However, two people told us they did not have enough to do. We spoke to the registered manager who told us they were recruiting a second activity coordinator.
- The service had links with a local nursery group and a primary school who came into the service. Staff told us about one person who was ill and did not want to get up. One of the children had gone to their room to talk to them and this had inspired them to get up. Staff told us children and residents enjoyed feeding the chickens in the garden together and collecting the eggs. People told us they loved the children coming in.
- Staff supported people to maintain previous hobbies, a member of staff told us, "We had one person who was a biker, so we took them to a biker event and had bikers come to visit the home, which they loved." One relative told us they were bringing in a piano so their relative could continue to enjoy their music.
- The registered manager told us they developed a butterfly garden with the wildlife trust, in a central courtyard surrounded by glass which could be observed inside or out. As a result, people had gone outside a lot more and staff had noticed that the number of falls had reduced as people were more mobile. Staff told us how people loved walking around with the school children to spot butterflies.

- There was a wishing well in reception for people to put wishes they wanted to achieve in. One person had asked if they could be taken to the lake as they had fished there as a boy. The registered manager asked the maintenance person to build a walkway across the field so they were able to sit beside the lake to achieve the wish.

Improving care quality in response to complaints or concerns

- People and relatives told us they would be happy to complain to the registered manager. People had access to a complaints procedure and this was also visible in the reception.
- One relative told us they had raised a few small issues which had been immediately resolved.
- We saw complaints that had been actioned appropriately and changes in practice that resulted from these. For example, the service had implemented new laundry baskets after one complaint.

End of life care and support

- There was no one at end of life at the time of the inspection. One relative told us, "[Name] was on end of life care four years ago and is still here after they responded very positively to the care they received.
- People had discussed information about their end of life wishes, however it was basic. The registered manager told us that staff had received training for end of life care. The end of life lead person was going to complete life histories with people and families and link this to end of life wishes.
- One member of staff told us, "If a person is at the end of their life, we make sure we look after the family as much as them, it is a very difficult time for families."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People's care was person-centred, staff worked well together as a team and communication was good. The management team and staff shared the same values to provide high quality care and good outcomes for people.
- Staff told us the registered manager was approachable and there were regular meetings to discuss concerns. One member of staff told us it had been recognised when they helped a person and they had received recognition for this, and a financial award for the act of kindness.
- The registered manager was clear about duty of candour and was open about incidents and accidents during the inspection. Staff told us that any incidents were reported to families.
- The registered manager was keen to develop staff and use the staff champion role to develop areas that needed improving, there was a strong emphasis on learning and improvement. Staff champions lead the development of care in a certain area, such as dignity or end of life care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in post and staff told us they thought the service was well led. There had been a number of recent staff changes: a new deputy manager in post who had been promoted internally and two new team leaders to support the registered manager. One member of staff told us, "There is always a member of the management team on call, and they are always ready to help."
- Staff understood their roles, responsibilities and duties, and there was a clear leadership structure for staff to report to.
- The registered manager understood their responsibilities of what they needed to notify CQC about.
- There were several internal audits conducted to monitor and improve the quality of the service. The service had a quality manager who analysed all the information which was then feedback at staff meetings. The registered manager was able to tell us about a large number of issues that had been picked up due to audits and how care was improved as a result.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager held regular team meetings to gain staff feedback and share information, with clear actions to learn lessons and improve.

- There was a suggestion box in reception for people to leave comments, and meetings for people and relatives to express their views. However, none of the relatives we spoke to seemed aware of the meetings. The registered manager told us they would look at different ways of engaging with relatives to gather their views. People and staff said they felt their views were listened to.

Working in partnership with others

- The staff worked in partnership with other organisations. The registered manager had made valuable community links with local schools and a nursery that had a positive impact on people's lives.
- The registered manager told us they worked closely with the local authority and GP services to avoid emergency admissions to hospital by providing urgent care.
- We spoke to a visiting health care professional who told us they had a good relationship with staff who they thought were dedicated and caring, worked hard and were well trained.

Continuous learning and improving care

- Staff told us the registered manager was very committed to learning, and staff told us they were always doing training and felt well supported. The registered manager told us they were committed to improving the service.
- One member of staff told us that the supervision sessions were very helpful and had improved their confidence, "It's nice just to be able to talk about anything."